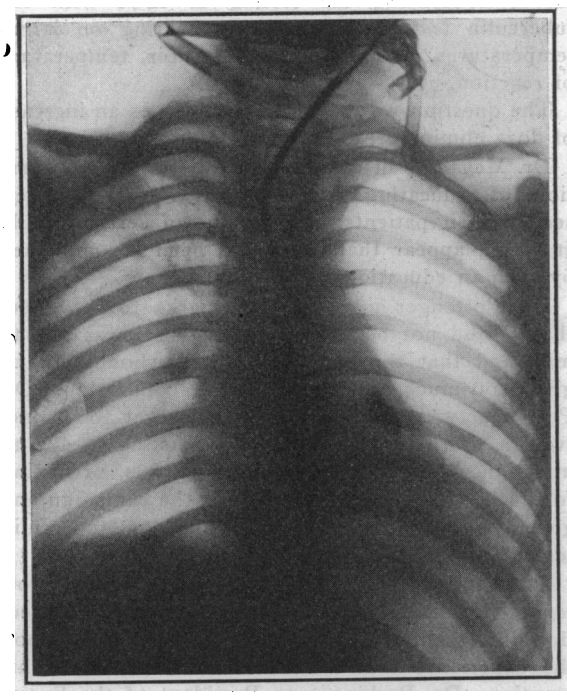
showed very plainly. As seen in the X-Ray plate it showed itself to be about the size and shape of a "22 long" calibre rifle slug. It was so firmly impacted in the bronchus that it was impossible to grasp it by the most delicate forceps. It was barely possible to pass a wire with small hooked extremity between it and the inflamed, swollen and easily bleeding wall. The blood was partly stayed by the use of adrenalin and the mucus and blood drawn out by means of my suction apparatus which I use for tonsil work. The field was then kept clean and finally I was able to hook the foreign body with an improvised instrument, a small, long-handled hook, fashioned at the time by Dr. Green, who was assisting. We had some pieces of moderately thick



Showing foreign body in bronchus. Case No. 2.

german silver wire at hand and this was quickly converted by means of pliers and file into instruments of various shapes. On hooking the foreign body firmly it was drawn up against the end of the tube and tube and foreign body drawn out simultaneously. The tracheotomy wound was drawn together with surgical plaster. The following morning the patient was sitting up in bed and asking for food, a thing she had not done for months, and in a week she was out and shortly afterward went home with tracheotomy wound closed and quite well. There were no symptoms of pneumonia following. I wish to call attention to the light area in the X-Ray plate showing the compensating emphysema of the left upper lobe of the lung.

The third case was a child of 17 months, brought to the Lane Hospital with the history of having swallowed a five-cent piece five months before. Since the accident she has been able to swallow liquid food but regurgitated all solid food. Has also had frequent attacks of coughing. Physical examination made by Dr. Boardman negative except for many large moist rales transmitted from the upper air passages. X-Ray showed the coin to be lodged transversely and about on the level of the upper end of the sternum. The child was given an anesthetic and the foreign body removed from the esophagus by means of the Killian tube. It was found to be covered by some brownish material which on being removed was found to be grape skin. The child made an uneventful recovery and left the hospital in forty-eight hours, well.

AN OCCIPITO ATLANTOID AND AN ATLANTO-AXOID DISLOCATION.

By L. L. THOMPSON, M. D., Gridley.

I wish to report a case of intense interest, both because of its rarity, and because two persons are now being held before the Superior Court of Butte County, California, on a murder charge, accused of being responsible for the condition.

The person, a young girl, H. R., aged 13 years, was found dead on June 26, 1911, at about 7:30 p. m., three miles southeast of Gridley. She was lying on the bed, where she had been carried by her step-uncle, A. L., from the garret. In the latter place, according to the testimony, she had been tied by her step-mother, E. R., to a studding 4 feet 8 inches above the floor, the rope or cord being looped in front of the neck, carried back around the neck, and over the back part of the shoulders, then under the arms, across the chest, then up to the studding opposite the back part of the neck, and tied so as to hold her firmly to the studding, in a standing position.

There were indentations, as from a cord or rope, encircling both wrists and both ankles, there were two livid marks, transversely across the front of the neck extending to about the angles of the jaw. There were three marks on the inner side of the right arm, and one on the outer side, corresponding about to the insertion of the deltoid. These marks indicated that the arm had been tightly grasped by a hand. There were also several marks and slight excoriations of the skin on various parts of the body.

The body from the waist up was very much discolored and ecchymotic, but from the waist down, there was very little discoloration, excepting a few faint bluish marks upon the calves, which, it is said, were caused by a broad strap with which she had been whipped.

Passing to the cervical region, we found a condition of very great interest, a like condition (pathological) being rarely met with. There were two complete dislocations of the cervical vertebrae, one between the occiput and atlas and one between the atlas and axis.

The only visible peculiarity disclosed at autopsy was a lengthening and an abnormal extension of the neck. An incision was made from the occiput to the seventh cervical vertebra, the muscles carefully dissected down to the spinal column, revealing the following extremely rare condition, and, so far as I can find, there are none similar previously reported.

The occiput was dislocated backward, the condyles were completely separated from the concave articulating surface of the atlas, the separation being at least half an inch, my forefinger being able to pass between the articulating surfaces on both sides. The atlas was dislocated forward on the axis, and separated by about the same distance as noted for the joint above.

The ligaments were partially torn or twisted from their attachments, and the odontoid process had slightly bruised the spinal cord, as shown by a slight extravasation of blood into it.

An exhaustive research of the literature fails to show a single similar case reported, and only five that have a partial similarity in that they have a single occipito-atloid dislocation.

This dislocation was undoubtedly caused by a peculiar combination of forces, such as to cause a twisting to a point beyond endurance and at the same time causing extreme extension.

Lassus, Palleta, Bouisson, Dariste, and Ashhurst, each report a single case of occipito-atlantoid dislocation caused by various forces or combination of forces, but so far as I can find, there is not a single case on record of a double dislocation of a similar character; it stands unique and alone.